

in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Young
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Nancy Elizabeth Wilbanks
If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. _____
6. Legitimate? yes
7. Date of birth Apr. 27 1929
Month Day Year

8. FATHER
Full name Jesse James Wilbanks

9. Residence (Usual place of abode) Young Ariz.
If nonresident, give place and state

10. Color or race White
11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Petersburg
(State or country) Okla

13. Occupation Cowboy
Nature of industry

14. MOTHER
Full maiden name Sarah Krouse

15. Residence (Usual place of abode) Young Ariz.
If nonresident, give place and state

16. Color or race White
17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Sacramento Mts
(State or country) New Mex

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Mrs. N. E. Kot Housewife
(Physician or midwife)
Address Young Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed May 3 1929 Ola Young
Local Registrar
County Registrar.

562-427-225